

3: CV 05 0788

INSTRUCTIONS FOR FILING COMPLAINTS BY PRISONERS  
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. § 1983

This packet includes four copies of a complaint form and two copies of a forma pauperis petition. To start an action you must file an original and one copy of your complaint for each defendant you name and one copy for the court. For example, if you name two defendants you must file the original and three copies of the complaint. You should also keep an additional copy of the complaint for your own records. All copies of the complaint must be identical to the original.

The clerk will not file your complaint unless it conforms to these instructions and to these forms.

Your complaint must be legibly handwritten or typewritten. The plaintiff or plaintiffs must sign the complaint. If you need additional space to answer a question, you may use the reverse side of the form or an additional blank page.

Your complaint can be brought in this court only if one or more of the named defendants is located within this district. Further, it is necessary for you to file a separate complaint for each claim that you have unless they are all related to the same incident or issue.

In order for this complaint to be filed, it must be accompanied by the filing fee of \$60.00. In addition, the United States Marshal will require you to pay the cost of serving the complaint on each of the defendants.

If you are unable to pay the filing fee and service costs for this action, you may petition the court to proceed in forma pauperis. Two blank petitions for this purpose are included in this packet. One copy should be filed with your complaint; the other copy is for your records.

You will note that you are required to give facts. THIS COMPLAINT SHOULD NOT CONTAIN LEGAL ARGUMENTS OR CITATIONS.

When these forms are completed, mail the original and the copies to the Clerk of the United States District Court for the Middle District of Pennsylvania, U.S. Post Office and Courthouse, P.O. Box 1148, Scranton, Pa. 18501.

FILED  
SCRANTON

APR 19 2005

MARY E. DANDREA, CLERK  
Per.   
DEPUTY CLERK

A-05-0053

**3: CV 05 0738**

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1. Parties to this previous lawsuit  
Plaintiffs: Not Applicable  
Defendants: Not Applicable
2. Court (if federal court, name the district; if state court, name the county):  
Not Applicable
3. Docket Number: Not Applicable
4. Name of judge to whom case was assigned Not Applicable
5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?) Not Applicable
6. Approximate date of filing lawsuit: Not Applicable
7. Approximate date of disposition: Not Applicable
- II. Place of Present Confinement: U.S. Lewisburg Penitentiary
  - A. Is there a prisoner grievance procedure in this institution? Yes ☒ No ☐
  - B. Did you present the facts relating to your complaint in the state prisoner grievance procedure? Yes ☐ No ☒
  - C. If your answer is YES:
    1. What steps did you take? Not Applicable
    2. What was the result? Not Applicable

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D. If your answer is NO, explain why not: Not Applicable

### III. Parties

(In Item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any).

A. Name of plaintiff Charmaine, Smith

Address U.S. Lewisburg Penitentiary P.O. Box 1000 Lewisburg, PA. 17837

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, and his place of employment in the third blank. Use item C for the names, positions, and places of employment of any additional defendants).

B. Defendant Dr. Witmire is

employed as U.S. Public Health Service at

U.S. Lewisburg Penitentiary P.O. Box 1000 Lewisburg P.A. 17837

C. Additional Defendants: Cristac Shivery

Correctional Officer - At U.S. Lewisburg

Penitentiary P.O. Box 1000 Lewisburg PA 17837

### IV. Statement of Claim:

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheet if necessary).

On the date of 9/27/04 at Approximately 5:15 p.m  
I started experiencing very sharp pain to my Chest Area  
while working in USP Lewisburg food Service Department. I ask

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one of the C.O's outside the Food Service door may I go to my Unit (H-Block) to take my prescribed medication (Nitroglycerin 0.4 mg) which was in my locker, the C.O said it was okay for me to go. So I proceeded to my unit, when I arrive at my unit (H-Block) the door was lock. So I call to the Unit officer C.O Cristac Shivery asking Her to allow me into the unit so I may take my medicine for my heart and I explain that another C.O. sent me, C.O. Cristac Shivery

#### V. RELIEF

State Briefly exactly what you want the court to do for you.

Make no legal arguments. Cite no cases or statutes.

Plaintiff is at the mercy of the courts to compensate for the medical negligence, pain and suffering I have been through and the emotional fear and stress of being in the hole not knowing if I am going to receive my medications at all. I would like for the to have both staff members Dr. Witmire (U.S Public Health Service) and C.O. Cristac Shivery (Correctional officer) compensate me with fifty-Thousand Dollars of U.S Currency and relive of their position Duty at US Lewisburg Penitentiary P.O. Box 1000 Lewisburg P.A. 17837. And would like for counts to Subpoena (SIS) M. Edinger as a witness for Plaintiff.

refused to let me inside the block, stating I don't care who sent you this is not a hospital, despite the fact that I was experiencing serious chest pain. So I waited until another sharp pain pass then I walk back to the food service door on my way back to the food service I spotted (SIS) M. Edinger standing by the door. So I explain to him what just happen, he told me to go to the pill line, in to show the Doctor inside the pharmacy my I.O. and tell them what type of medication I take, So I walk to pill line and showed Doctor Witmire my I.O. card and let him know that (SIS) M. Edinger sent me for my medication, and he ask me why didn't I have my medication with me? I informed him that inside USP Lewisburg an inmate need a Doctors slip to carry prescribe medication on his personal a rule Dr. Witmire new very well. Dr. Witmire told me to go back and tell whoever sent me down here to the pill line to give me my medicine, because he wasn't going to give me nothing No matter how much pain I was having and he stated clearly "I don't care if you die." By this time I couldn't barley take anymore pain I almost did not make it back to the food service door before I fell to the floor. (SIS) M. Edinger and a Lieutenant told me to stay put until (SIS) M. Edinger go get my medicine from my unit (H-Block) by that time I was brought a wheelchair I was than help into it by Staff Memebers and push back to the medical Department to take my medication, once the Nitroglycerin took affect to work, I was told to go back to my unit (H-Block), on my arrival C.O. Cristac Shivery stated to me, "you might be able to pull that shit over the Lieutenant eye, but I will get you." I stated to C.O. Cristac Shivery I am a very ill old man I could have die of a major heart attack without my medication, she stated good and smile I just walk away. Approximately 14 days on the date of 10/11/04 after C.O. Cristac Shivery stated she will get me, I was placed in the "hole" (SHU) special housing unit for a reason I have still yet to no of.

End of Extra ATTACH Sheet From  
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Signed this 25 day of February 2005, 19  .

Mr. Charmaine Smith

Signature of plaintiff or  
plaintiffs

Executed at U.S. Lewisburg Penitentiary P.O. Box 1000 Lewisburg PA 17837  
(Name of institution, city, county)

I declare under penalty of perjury that the foregoing  
is true and correct.

Executed on 2/25/05  
(Date)

Mr. Charmaine Smith

Signature of plaintiff or  
plaintiffs